



Washington  
Department of  
**FISH and  
WILDLIFE**

## Wildlife Rehabilitation Permit Application

*Please return your completed application to: Washington Dept.  
of Fish & Wildlife, Wildlife Rehabilitation Manager, 16018 Mill  
Creek Blvd, Mill Creek WA 98012. There is no permit fee.*

Wildlife Rehabilitation Permits are valid for 3 years from the date your permit was issued. Pursuant to RCW 77.12.469 and WAC 232-12-841, you must renew your permit every 3 years by submitting this application to the WDFW.

**PERMIT RENEWAL APPLICATIONS MUST BE SUBMITTED ONE MONTH IN ADVANCE OF THE EXPIRATION DATE OF YOUR PERMIT.**

**PLEASE CHECK TYPE OF APPLICATION:**

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First-time Initial Application

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3-Year Permit Renewal Application

WDFW Wildlife Rehabilitation Permit Number:

### 1. Applicant and Facility Information

Applicant Name (Last)		(First)		(Middle)	
Home Address		City	State	Zip	
Facility Name		County where Facility is located			
Facility Address (Physical)		City	State	Zip	
Facility Address (Mailing)		City	State	Zip	
Home Phone	Facility Contact Phone		Cell Phone		
Personal e-mail Address		Facility e-mail Address			
Applicant Birth Date ( <b>Initial Applicants only</b> )					

Which telephone number(s) do you want listed on the WDFW Wildlife Rehabilitators Web Site? (You must have **at least one** on the website.):

Home \_\_\_\_\_ Facility \_\_\_\_\_ Cell \_\_\_\_\_

Would you like the facility address listed on the website?

**YES, I want the facility address on the website** \_\_\_\_\_

**NO, I do not want the facility address on the website** \_\_\_\_\_

**To which Wildlife Rehabilitation Organizations do you belong (please check)?**

Washington Wildlife Rehabilitation Association \_\_\_\_\_

National Wildlife Rehabilitators Association \_\_\_\_\_

International Wildlife Rehabilitation Council \_\_\_\_\_

## 2. *Initial Applicants only: SPONSORING WASHINGTON LICENSED REHABILITATOR*

Sponsoring Rehabilitator Name	
Facility Name	
Facility Address	
Contact Phone	e-mail Address

All Washington Wildlife Rehabilitators are required to have a **Principle Veterinarian** who oversees all wildlife veterinary care.

## 3. *PRINCIPLE VETERINARIAN*

**Initial Applicants:** please attach the signed Agreement from your Principle Veterinarian.

Principle Veterinarian	
Hospital/Clinic Name	
Hospital/Clinic Address	
Phone	e-mail Address

Alternate Veterinarian (not required)	
Hospital/Clinic Name	
Hospital/Clinic Address	
Phone	e-mail Address

## 4. *USFWS MIGRATORY BIRD PERMITS*

A federal permit is required to rehabilitate migratory birds. New applicants may not have this permit yet. Indicate the type of federal permits and permit numbers that you currently hold. Check N/A if you do not rehabilitate migratory birds or have any migratory birds for education.

For Federal Migratory Bird Permits see <http://www.fws.gov/pacific/migratorybirds/permits.htm>

### USFWS Migratory Bird *REHABILITATION*

Permit # \_\_\_\_\_ Expiration Date \_\_\_\_\_

☐ N/A - I do not hold migratory birds for education.

### USFWS Migratory Bird *SPECIAL PURPOSE POSSESSION – EDUCATION PERMIT FOR LIVE BIRDS*

Permit # \_\_\_\_\_ Expiration Date \_\_\_\_\_

☐ N/A - I do not hold migratory birds for education.

**5. Species Information (what species are you requesting to rehabilitate [new applicant] or are you currently permitted for[renewal applicant])?**

Please indicate the animals you rehabilitate or are applying to rehabilitate by estimating the approximate number you are able to handle **at one time (Capacity)**. If you wish to remove species from your permit, simply do not include them in this table. **We understand capacity may vary according to age, gender, and time of year.** You must have a special **Raptor Endorsement** to rehabilitate raptors and a **Large Carnivore Endorsement** to rehabilitate bear, cougar, wolf, bobcat, and lynx.

Species, Taxa, Group	Capacity	Species, Taxa, Group	Capacity
AMPHIBIANS		REPTILES	
RAPTORS Adults		OWLS Adults	
OTHER THAN OWLS Young		Young	
LARGE MAMMALS INCL. LARGE CARNIVORES		MEDIUM MAMMALS	
Bear and Cougar Adults		Marten, fisher, badger, weasels, wolverine Adults	
Young		Young	
Beaver Adults		Muskrat, Mt. beaver Adults	
Young		Young	
Bobcat, lynx Adults		Opossum, porcupine Adults	
Young		Young	
Coyote, fox Adults		Rabbit, hare, pica	
Young			
Deer, elk, moose Adults		Raccoon Adults	
Young		Young	
Mt. goat, big horn sheep Adults		River otter Adults	
Young		Young	
Wolf Adults		Skunk Adults	
Young		Young	
SMALL MAMMALS		BIRDS OTHER THAN RAPTORS	
Bats		Marine birds	
Mice, vole, rats, shrew, mole, squirrel, chipmunk		Shorebirds and heron	
		Waterfowl Adults	
		Young	
		Upland game birds Adults	
		Young	
		Passerines, woodpeckers, hummingbirds, and all other birds	

**6. Training and Experience**

**Veterinarians:** Please provide your Washington State Veterinary License Number: \_\_\_\_\_

**Licensed Veterinary Technicians:** Please provide your Washington State  
 \_\_\_\_\_  
 Licensed Veterinary Technician Number: \_\_\_\_\_

**INITIAL applicants only. Renewals do not complete this section.** You must have a total of at least 6 months (1000 hours) experience working or volunteering with a licensed Wildlife Rehabilitator or licensed veterinarian experienced in wildlife, or demonstrate equivalent training. Please complete the tables below to describe your experience working with wildlife. **Provide at least one letter of recommendation from a facility in which you worked.**

Facility Name/Veterinary Clinic			Contact Person			Phone Number
Dates worked		Approximate hours worked/day		Approximate total hours worked at this facility		
Animal care duties and <b>percentage</b> of time spent on this duty while at the facility:						
Diet prep/feeding	Cage cleaning	Transport or release	First Aid	Medical treatment	Restraint	Other: Explain
List species with which you worked at this facility:						

Facility Name/Veterinary Clinic			Contact Person			Phone Number
Dates worked		Approximate hours worked/day		Approximate total hours worked at this facility		
Animal care duties and <b>percentage</b> of time spent on this duty while at the facility:						
Diet prep/feeding	Cage cleaning	Transport or release	First Aid	Medical treatment	Restraint	Other: Explain
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Facility Name/Veterinary Clinic			Contact Person			Phone Number
Dates worked		Approximate hours worked/day		Approximate total hours worked at this facility		
Animal care duties and <b>percentage</b> of time spent on this duty while at the facility:						
Diet prep/feeding	Cage cleaning	Transport or release	First Aid	Medical treatment	Restraint	Other: Explain
List species with which you worked at this facility:						

**Please describe any other relevant experience, education, handling, etc. you have with wildlife.**

The following Sections 7, 8, 9, and 10 are for **RENEWAL applicants only**

**7. SUB-PERMITTEES (people listed on your permit who care for wildlife under your direction in their home only during overflow, initial care emergency, or the need for 24-hour attendance, such as nestling care.**

I do not have Sub-permittees at this time

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Sub-permitee Name:	
Address:	
Home Phone:	Cell Phone:
e-mail Address:	
Sub-permitee Name:	
Address:	
Home Phone:	Cell Phone:
e-mail Address:	

#### 8. CONTINUING EDUCATION

\*Time spent training at or visiting for purposes of education other licensed facilities counts as CE, you must record that time below.

Title of Class/Workshop/Training/Meeting*	Dates Attended	Facilitator/Trainer/Teacher	City & State	Number of Hours

#### 9. ADDITIONAL REHABILITATION SPECIES I request that these species be added to my rehabilitation permit.

SPECIES	Capacity	SPECIES	Capacity

**10. PROGRAM/EDUCATION ANIMALS** you currently possess (use additional paper if needed). Additional education animals must be requested using the Education or Foster Animal – Live Wildlife Retention Form. <http://wdfw.wa.gov/conservation/health/rehabilitation/forms.html>

SPECIES	Number	SPECIES	Number

The MOU below, page 5, applies to this Wildlife Rehabilitation Permit application.

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## MEMORANDUM OF UNDERSTANDING

I, \_\_\_\_\_, hereby agree to all of the conditions outlined in WAC 232-12-275 and WAC 232-12-841 through WAC 232-12-867 and have read the most current NWRA/IWRC *Minimum Standards for Wildlife Rehabilitation*, and, to the best of my knowledge, meet all the guidelines as specified.

I understand that I cannot hold the Washington State Department of Fish and Wildlife liable for any injuries, illnesses, or damage to any person or property in connection with my wildlife rehabilitation permit and activities.

Furthermore, I agree to be responsible for any and all costs incurred in connection with my wildlife rehabilitation activities.

I understand that this permit is a privilege that may be revoked at any time for cause, and that I may be subject to inspection, at a reasonable time, without notification. I will abide by all conditions of the issued permit.

I understand that wildlife remains the property of the state and is subject to control by the state.

I hereby certify that this application for a wildlife rehabilitation permit is complete and accurate to the best of my knowledge. The making of false statements on this application may result in the denial or revocation of the Wildlife Rehabilitation Permit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date